

LETTERS

Dive article on fatal accidents applauded . . . John Allen criticised!

Dear Sir,

I would like to make what I consider fair comment on that part of the South Pacific Divers Club notes dealing with "Dive South Pacific", the New Zealand Scientific Diving Magazine, and its bringing into print diving accidents. I don't know how many times in past years I have told trainee divers that these accidents can happen to them and not, as they seem to think, only to the "other fellow", how many deaths have we had this year from Hyper-Ventilation? My information says three and that they were all good experienced fellows at that, not rank amateurs as you would expect — no!

I disagree with John Allen, we have a deep investigation and publicity into all other types of fatal accidents, purely for the deterrent value and I applaud Wade Doak for what he has done in having the foresight and the courage to bring this into the public eye. I would advise John Allen to re-read the first column of Wade's Editorial again, he will see that Wade foresaw what the result would be with a certain section of the Diving Community but he went ahead anyway and for an Editor, dependent on sales for his publication as I have said, that shows courage but also the conviction that what he was doing was right.

I see too that John Allen has made the diagnosis of Carbon-Monoxide in spite of the statement in Paul Hunter's article that the lungs were filled by Industrial Gases Ltd. which is also known as British Oxygen Ltd. and a great variety of names throughout the world. This huge firm would be the last one to fill with doubtful "air", what with their laboratory checks and vast equipment resources.

Finally, as I have said I applaud this printing of details and I am sure everyone who has taught others will support me.

Yours faithfully,
IAN NIELSEN.

JOHN ALLEN DEFENDS HIS CRITICISM OF DIVE MAGAZINE ARTICLE

Underwater Science Group — S.A.

Dear Ian Nielsen,

My thanks to you for making it possible to enlarge on my statement which appeared in South Pacific Divers Club Notes, August, '66.

"Can't agree with N.Z. Dive Magazine, July, 1966, that the bringing home of diving accidents, in print, can prevent others. The diver who can fully evaluate the accident from the information given, obviously has achieved a standard to realise the problems and avoid them. A most important factor was missing from the article. This was the gas analysis of all Scuba units as the writers' symptoms were the same as carbon monoxide poisoning — Page 42, Sec. 1, 6, 5, U.S. Diving Manual."

I am not against short factual reports which contain facts and conclusively show the cause of death or injury.

"Death at 150ft." N.Z. Dive, July, 1966, is four pages of inconclusive fact which leaves the reader with a sense of something missing, although one fact does emerge, already known that is, that deep diving is dangerous, as to my original statement that the gas analysis was missing, I feel this still stands . . . who ever filled the lungs.

Since this article appeared, a further three-page article has appeared in N.Z. Dive, September, '66. This attempts to show cause of death and this again fails, in my opinion, although "Dive" interviews Dr. A. G. Slark, M.B., B.S., D.P.H., D.I.H., D. Obst. R.O.C.G., Consultant Medical Adviser to the Royal New Zealand Navy. I am not questioning Dr. Slark's medical opinions, but he answers the questions as though he himself is not fully aware of practical problems involved in deep diving. A question given to him by "Dive" was:

Q. "Having run out of air, what do you think the diver should have done?"

A. "Trevor's major error was to seek to buddy breathe. At best this is a very temporary expedient and should only be followed by ascent as

soon as possible. Even successful buddy breathing would have only postponed his drowning by a few moments had he not tried to free his weight and surface. He should undoubtedly have got to the surface as soon as he ran short of gas. The danger of bends and air embolism is a secondary consideration. After all, they may very well not occur at all. Even if they had occurred, they are not necessarily fatal or even dangerous, and possibilities of treatment exist, even if not immediately available. In any event, it is better to be dangerously sick with an air embolism on the surface than dead with a lung full of water at 150ft.

It seems possible that Trevor's training might have been a little at fault in putting too much bias on buddy breathing. I have a lurking suspicion that a completely untrained man who had difficulties getting in sufficient air at any depth would have ended up on the surface, scared and spluttering, but alive".

This answer virtually goes against all teachings. In fact, what is a buddy for if not for such occasions? Novices have made successful buddy breathing ascents from even deeper depths. Free ascents from 150ft. are not pieces of cake for the beginner who is rarely taught more than the fundamental problems and techniques involved in free ascents, the same diver should be more than capable of ascending from that depth buddy breathing, ascending at a normal rate.

The article goes on then to grab at such straws as Alternobaric Vertigo. After seven pages of print we are left with the fact that death was caused by drowning, but as to how and why, "N.Z. Dive" did not answer.

My apologies to Trevor Speak's relatives. I am making no attempt to place the blame but I am trying to show that unless properly presented these sort of articles are misleading.

JOHN ALLEN

ORANGE SUITS

Would the interested people who rang my home during my absence to enquire about my orange rubber suit please contact Ron Hardings Sports Store as they made mine for me.

Valerie Taylor.